

**QUARTERLY REPORT OF
AFFORDABLE HOUSING
TRUST FUND FEE**

FOR DEPARTMENT USE ONLY			
_____ /	1 0 7 /	_____ /	_____
Account Number	Tax	Mo.	Yr.

Name and Address of County Clerk	County _____
	Report for Quarter Ending _____, 20____
	Telephone Number (____) _____ - _____

INSTRUCTIONS: File this report with the Department of Revenue on or before the 10th day of the month following the quarter covered by the report. Attach payment for the total amount computed due. If you have any questions, contact the Excise Tax Section at (502) 564-6823 or *DOR.WebResponseExciseTax@ky.gov*

Fee Computation

Of the \$12 fee imposed on the following items, \$6 shall be remitted to the affordable housing trust fund.

Recording and indexing of:

- | | |
|---|--|
| 1. Deed of trust or assignment for the benefit of creditors; | 16. Assumed name; |
| 2. Deed; | 17. Notice of lien issued by the Internal Revenue Service; |
| 3. Real estate mortgage; | 18. Notice of lien discharges issued by the Internal Revenue Service; |
| 4. Deed of assignment; | 19. Original, assignment, amendment or continuation financing statement; |
| 5. Real estate options; | 20. Making a record for the establishment of a city, recording the plan or plat thereof, and all other service incident; |
| 6. Power of attorney; | 21. Survey of a city, or any part thereof, or any addition to or extensions of the boundary of a city; |
| 7. Revocation of power of attorney; | 22. Recordings with statutory authority for which no specific fee is set, except military discharges; and |
| 8. Leases which are recordable by law; | 23. Filings with statutory authority for which no specific fee is set. |
| 9. Deed of release of a mortgage or lien under KRS 382.360; | |
| 10. United States liens; | |
| 11. Release of a United States lien; | |
| 12. Release of any recorded encumbrance other than state liens; | |
| 13. Lis pendens notice concerning proceedings in bankruptcy; | |
| 14. Lis pendens notices; | |
| 15. Mechanic's and artisan's lien under KRS Chapter 376; | |

1. Number of reportable items	_____
2. Rate	\$ _____ 6.00
3. Tax due (multiply line 1 by line 2)	\$ _____

IMPORTANT NOTICE:
Make check(s) payable to **Kentucky State Treasurer.**

I certify that I have examined this report and it is, to the best of my knowledge and belief, a true, correct and complete report.

_____, County Clerk

Signature Title Date

E-Mail

